INSTRUCTIONS ON FILING AN APPLICATION FOR TITLE

- Use this form when you are requesting a court order for title from the Bureau of Motor Vehicles.
- You must complete the entire form except for case number and court date and time. The court will do this.
- You will need to contact Columbus City Police or Bartholomew County Sheriff Department to get a VIN check completed. A fee may be imposed for this service. You must attach the VIN check form to the Application for Title.
- You must also know the current mileage and color of the vehicle. The Judge will ask you about both of these things at your hearing.
- When the appropriate forms are completed, bring the forms and the filing
 fee to the Bartholomew County Clerk office. The clerk will initiate the claim
 and receipt the filing fee. You will then take the forms to the small claims
 office where you will be given a hearing date and time.
- The filing fee is \$97.00 (service on one (1) defendant by certified mail). There is a \$10.00 extra fee for each additional defendant.
- If you have any further questions, feel free to contact our office at 812-379-1620. Most questions can be answered by referring to the small claims manual and the frequently asked questions.

| STATE OF INDIANA |) | IN THE BARTHOLOMEW SUPERIOR COURT 2 |
|---|--|---|
| COUNTY OF BARTHOLOMEW |)SS) | CAUSE NO. 03 D02 |
| Claimant:Address | | Small Claims Division Bartholomew Superior Court No 2 Courthouse 3 rd Floor 234 Washington Street Columbus, Indiana 47201 Telephone No. (812) 379-1610 Fax No. (812) 379-1575 |
| Defendants: Name Address | | BUREAU OF MOTOR VEHICLES Indiana Government Center North 100 North Senate Avenue Indianapolis, IN 46204 |
| Petition for an Order to Certificate of Title; and reviewing the evidence sat 2. I am the legal owner of Year: | the Ind I respect set forth a vehic | s old; and I am competent to make this Verified iana Bureau of Motor Vehicles for the issuance of a etfully request the Court to enter such an Order after a for a hearing scheduled on 20 cle described as follows: |
| M 1.1 | | |
| VIN: 3. I acquired possession to I acquired ownership of 4. A police agency has sea been reported stolen. 5. The original certificate of title exists. The title is un 6. I understand fully all state I AFFIRM UNDER THE PEPUNISHABLE BY IMPRISON. | the aborthe the vehicle of title because the contract of title because the contract of the con | he vehicle records and found that the vehicle has not has been destroyed or lost, and no duplicate certificate |
| Date | | Signature |

INSTRUCTIONS FOR BOTH PARTIES

- 1. TRIAL: Both parties must appear for trial at the Bartholomew Superior Court No. 2 in the Courthouse, Third Floor, Columbus, Indiana, at the date and time shown on the reverse side. If the Claimant fails to appear, the Claim may be dismissed. If the Defendant fails to appear, a default judgment against him may be entered and he may be required to pay the full amount, plus costs.
- 2. PROCEDURE: Simply tell your side of the case. There are no technical rules. Although you do not need to hire an attorney you may retain one PRIOR TO TRIAL DATE. Be prepared on the trial date. Bring all witnesses and documents with you. SUBPOENAS (an order to appear issued by the Court) may be issued if needed. Contact the Court as soon as possible. Documents you may need include books, records, receipts, warranties, etc.
- 3. CORPORATIONS: A corporation must appear by attorney, or, in unassigned claim not exceeding fifteen hundred dollars (\$1,500.00), by a full time employee of the corporation designated by the Board of Directors to appear as the corporation in the presentation or defense of Claims arising out of the business of the corporation. A compliance form can be obtained upon request at the small claims office.
- 4. CONTINUANCES: If you are unable for good cause to appear at the time and place designated above, you must file a written request that the hearing be continued. Your request must specifically state why you cannot come to the hearing. All requests for continuances must be filed no later than seven (7) days before the hearing is scheduled.
- 5. COUNTER-CLAIMS: If you have a Claim for money against the Claimant arising out of the same transaction or occurrence, you may file a counter-claim with the Court. Counter-claim must be filed at least seven (7) days prior to the trial date. If the amount of your counter-claim exceeds the jurisdiction of this Court, you give up the right to the excess over that amount by filing your counter-claim in the small claims division. Both the Claimant's claim and your counter claim will be heard at the same trial. However, if you wish to file a counter-claim larger than the jurisdiction of this Court all formal and technical rules will apply and for this reason, it is advisable that you contact an attorney.
- 6. GENERAL QUESTIONS: Court personnel may be able to answer general questions about the procedure and practices. The telephone number is 379-1620. However, if you need legal advice, you MUST contact an attorney as neither the judge nor Court personnel can advise you.
- 7. COURT COSTS: The Claimant has to pay court costs when the lawsuit is filed. If the Claimant wins, the Defendant will be required to pay court costs, interest and attorney fees (in some cases) to the Clerk of the Court.
- 8. CHANGE OF TELEPHONE OR ADDRESS: Advise the Court of any changes in telephones or addresses after the lawsuit is filed.
- 9. PAYMENTS: Payments must be made to the Clerk of the Courts unless other procedures are established by the Court.
- 10. WHEN PAID IN FULL: When a judgment has been PAID IN FULL by the Defendant, the Claimant or Counsel MUST go to the office of the Clerk of the Courts, first floor of the Courthouse, and release the judgment against the Defendant.
- 11. NONPAYMENT OF JUDGMENT: When a losing Defendant fails to pay the judgment as ordered by the Court, you may file proceedings to gain information concerning the Defendant's assets. There are generally no additional costs for this proceeding, however, there may be exceptions.
- 12. JURY TRIAL: The Claimant has waived his right to jury trial by filing this small claim. A Defendant may request a jury trial by filing a written request with the Court stating the reasons, including the statement that there are questions of fact requiring jury trial, and that the request is made in good faith. It MUST be filed within ten (10) days from the date you received this notice or the jury trial is waived. The Defendant must also pay an additional fee upon the jury trial request. Jury trials are tried under formal rules of procedure and evidence, and for this reason it is advisable that you contact an attorney.
- 13. JURISDICTION: You must file the Claim in the county where the transaction or occurrence took place, where the obligation was incurred or where it is to be performed, or where the Defendant resides or has his place of employment.
- 14. APPEAL: The decision of the Court may be appealed to the Indiana Court of Appeals. You will be unable to appeal unless you notify an attorney in time to allow him to take action within thirty (30) days after judgment is entered. For this reason you should contact an attorney not later than seven (7) days after judgment.

SS: IN THE BARTHOLOMEW SUPERIOR COURT NO 2

COUNTY OF BARTHOLOMEW

| | CASE NO: 03D02 |
|----|---|
| s | Claimant(s) |
| | Defendant(s) |
| | INDIVIDUAL APPEARANCE |
| | This Appearance Form must be filed on behalf of every party in a civil case. |
| 1. | My Name is and I am |
| | Initiating (filing) |
| | in this case and am representing myself. |
| 2. | Contact information for receiving legal service of documents and case information is required by Court Rules: (NOTE: If you are the Initiating party and this case, or a related case, involves a protection from abuse order, a workplace violence restraining order, or a no-contact order, you must provide an address for the purpose of legal service of documents but that address should not be one that exposes the whereabouts of a petitioner) THIS INFORMATION IS REQUIRED: |
| | Address: |
| | Email Address: |
| | Phone: |
| | OR, if in the related case, you have used the Attorney General Confidential address, you may check Attorney General confidential address (contact the Attorney General 1-800-321-1907 or email address is confidential@atg.state.in.us) |
| 3. | This is a case type as defined in administrative Rule 8(B)(3). (Clerk will supply this information). |
| 4. | I will accept service by FAX at the following number |
| | |
| | Signature - Self-Represented Party |

SS: IN THE BARTHOLOMEW SUPERIOR COURT NO 2

COUNTY OF BARTHOLOMEW

| | CAS | E NO: 03D02 | |
|----|--|---|------------------------------------|
| | Claimant(s) | | |
| | Defendant(s) | | |
| | APPEARANCE FOR SOLE PROPRIETO LLP, OR OTHER B | RSHIP, PARTNERSHIP, CORPORATION USINESS ORGANIZATION | ON, LLC, |
| | This Appearance Form must be fi | led on behalf of every party in a civil case. | |
| 1. | Organization or Business Name | | r |
| | My name is | and I am the designated repres | entative |
| | {See, Small Claims rule 8 (c)(2) and (3)} for | | and we are the |
| | Initiating (filing) Responding (answering or defending) Intervening | If you are the Claimant check Initiating; If you are Defendant check Responding. | |
| 2. | Contact information for receiving legal service (NOTE: If you are the Initiating party and this a workplace violence restraining order, or a no-caservice of documents but that address should not | case, or a related case, involves a protection intact order, you must provide an address for | from abuse order the purpose of le |
| | THIS INFORMATION IS REQUIRED: Address: | | |
| | Email Address: | | |
| | Phone: | | |
| | | | |
| 3. | OR, if in the related case, you have used the Atto- Attorney General confidential address is confidential@atg.state.in.us) | orney General Confidential address, you may (contact the Attorney General 1-800-321-19 | |
| | Attorney General confidential address | (contact the Attorney General 1-800-321-19 | |
| | Attorney General confidential address is confidential@atg.state.in.us) This is a case type as defined in | (contact the Attorney General 1-800-321-19 n administrative Rule 8(B)(3). | |

Signature - Self-Represented Party